



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2012
OF THE CONDITION AND AFFAIRS OF THE
PHYSICIANS HEALTH PLAN

NAIC Group Code 3408, 3408 NAIC Company Code 95849 Employer's ID Number 38-2356288
(Current Period) (Prior Period)

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile US

Licensed as business type:

Life, Accident and Health [] Property/Casualty [] Hospital, Medical and Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Other []
Health Maintenance Organization [X] Is HMO Federally Qualified? Yes () No (X)

Incorporated/Organized December 18, 1980 Commenced Business October 1, 1981

Statutory Home Office 1400 East Michigan Avenue, Lansing, Michigan, US 48912
(Street and Number, City or Town, State, Country and Zip Code)

Main Administrative Office 1400 East Michigan Avenue, Lansing, Michigan, US 48912 517-364-8400
(Street and Number, City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1400 East Michigan Avenue, Lansing, Michigan, US 48912
(Street and Number or P. O. Box, City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1400 East Michigan Avenue, Lansing, Michigan, US 48912
(Street and Number, City or Town, State, Country and Zip Code)
517-364-8400
(Area Code) (Telephone Number)

Internet Website Address www.phpmm.org

Statutory Statement Contact Kevin Essenmacher 517-364-8400
(Name) (Area Code) (Telephone Number) (Extension)
kevin.essenmacher@phpmm.org 517-364-8407
(E-Mail Address) (Fax Number)

OFFICERS

Scott Wilkerson (President)
Diana Rodriguez Algra# (Secretary)
Patrick Gribben, Jr (Treasurer)

OTHER OFFICERS

MaryLee Davis, PhD (Chairperson)

DIRECTORS OR TRUSTEES

Diana Rodriguez Algra
Richard Bruner
Kathleen Conklin#
Patrick Gribben, Jr
Bradley Hoopingarner, MD
Randolph Rifkin
Dawn Springer, MD
Scott Wilkerson

Wendell Barron
James Butler, III#
MaryLee Davis, PhD
Thomas Hofman, PhD#
Deborah Muchmore#
Kenneth Rudman, MD
Dennis Swan

State of Michigan }
County of Ingham } SS

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Scott Wilkerson MaryLee Davis, PhD Diana Rodriguez Algra#
President Chairperson Secretary

Subscribed and sworn to before me this day of
a. Is this an original filing? Yes (X) No ()
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 - TOTAL - Individuals	(950)	(575)	(1,085)			(2,610)
Group subscribers						
STATE OF MICHIGAN	2,357,172	12,534	55,760			2,425,466
0299997 - Subtotal - Group subscribers	2,357,172	12,534	55,760			2,425,466
0299998 - Premiums due and unpaid not individually listed	379,564	42,147	2,489			424,200
0299999 - TOTAL - Group	2,736,736	54,681	58,249			2,849,666
0599999 - Accident and health premiums due and unpaid (Page 2, Line 15)	2,735,786	54,106	57,164			2,847,056

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
PBM REBATES	844,000	724,847	84,759	394,353	394,353	1,653,606
0199999 - Pharmaceutical Rebate Receivables	844,000	724,847	84,759	394,353	394,353	1,653,606
Claim Overpayment Receivables						
VARIOUS	483,807				483,807	
0299999 - Claim Overpayment Receivables	483,807				483,807	
Other Receivables						
VARIOUS				675,900	675,900	
0699999 - Other Receivables				675,900	675,900	
0799999 - Gross Health Care Receivables	1,327,807	724,847	84,759	1,070,253	1,554,060	1,653,606

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 - Aggregate accounts not individually listed-uncovered	161,911	8,523				170,434
0399999 - Aggregate accounts not individually listed-covered	539,294	28,390				567,684
0499999 - Subtotals	701,205	36,913				738,118
0599999 - Unreported claims and other claim reserves						17,902,021
0799999 - Total claims unpaid						18,640,139
0899999 - Accrued medical incentive pool and bonus amounts						4,650,786

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
PHP FAMILYCARE	363,282					363,282	
PHP SERVICE COMPANY	365,731					365,731	
PHP INSURANCE COMPANY	190,424					190,424	
PHYSICIANS HEALTH NETWORK	441,006					441,006	
0199999 - Subtotal - Individually listed receivables	1,360,443					1,360,443	
0299999 - Receivables not individually listed	126,435					126,435	
0399999 - TOTAL gross amounts receivable	1,486,878					1,486,878	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Individually listed payables				
SPARROW HOSPITAL	INTERCOMPANY TRANSACTIONS	60,486	60,486	
0199999 - Subtotal - Individually listed payables		60,486	60,486	
0399999 - TOTAL gross payables		60,486	60,486	

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS HEALTH PLAN

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a Percentage of of Total Payments	3 Total Members Covered	4 Column 3 as a Percentage of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	686,430	0.349	36,614	100.000		686,430
3. All other providers						
4. Total capitation payments	686,430	0.349	36,614	100.000		686,430
Other Payments:						
5. Fee-for-service	42,380,643	21.565	X X X	X X X		42,380,643
6. Contractual fee payments	116,631,900	59.347	X X X	X X X	116,631,900	
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	36,825,807	18.739	X X X	X X X	36,825,807	
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	195,838,350	99.651	X X X	X X X	153,457,707	42,380,643
13. Total (Line 4 plus Line 12)	196,524,780	100%	X X X	X X X	153,457,707	43,067,073

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with intermediaries					
	UNITED BEHAVIORAL HEALTH	686,430	57,202		
9999999 - TOTAL	Transactions with intermediaries	686,430			

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS HEALTH PLAN

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	982,653		942,445		40,208	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	982,653		942,445		40,208	



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS HEALTH PLAN

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION PHYSICIANS HEALTH PLAN

2. Michigan

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 95849

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2012

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	34,750	157	33,359				416			818
2. First Quarter	34,174	145	32,510				383			1,136
3. Second Quarter	34,856	137	32,768				381			1,570
4. Third Quarter	35,369	128	32,931				383			1,927
5. Current Year	36,614	127	33,868				379			2,240
6. Current Year Member Months	420,519	1,619	395,881				4,652			18,367
Total Member Ambulatory Encounters for Year:										
7. Physician	251,459	945	220,362				3,758			26,394
8. Non-Physician	124,574	553	109,000				1,411			13,610
9. Total	376,033	1,498	329,362				5,169			40,004
10. Hospital Patient Days Incurred	12,011	9	7,491				314			4,197
11. Number of Inpatient Admissions	3,081	4	2,071				60			946
12. Health Premiums Written (b)	167,983,985	808,745	159,888,758				2,162,092			5,124,390
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	167,983,985	808,745	159,888,758				2,162,092			5,124,390
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	196,524,780	946,152	180,531,576				2,131,318			12,915,734
18. Amount Incurred for Provision of Health Care Services	199,760,490	961,730	179,606,360				2,246,992			16,945,408

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION PHYSICIANS HEALTH PLAN

2. Michigan

(LOCATION)

NAIC Group Code: 3408

NAIC Company Code: 95849

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2012

	1	Comprehensive (Hospital and Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
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18. Amount Incurred for Provision of Health Care Services	199,760,490	961,730	179,606,360				2,246,992			16,945,408

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

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Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health
NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Health, Non-Affiliates, U.S. Non-Affiliates						
39845	48-0921045	01/01/2012	WESTPORT INS CORP	MO	150,497	206,160
1199999 - Accident and Health, Non-Affiliates, U.S. Non-Affiliates					150,497	206,160
1399999 - Accident and Health, Total Non-Affiliates					150,497	206,160
1499999 - Total Accident and Health					150,497	206,160
1599999 - Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					150,497	206,160
1799999 - Total (Sum of 0799999 and 1499999)					150,497	206,160

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE PHYSICIANS HEALTH PLAN

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates												
39845	48-0921045	01/01/2012	WESTPORT INS CORP	MO	SSL/A/I	1,808,024						
0499999 - General Account, Authorized, Non-Affiliates, U.S. Non-Affiliates						1,808,024						
0699999 - General Account, Total Authorized Non-Affiliates						1,808,024						
0799999 - Total General Account Authorized						1,808,024						
2299999 - Total General Account Authorized, Unauthorized and Certified						1,808,024						
4599999 - Total U.S. (Sum of 0199999, 0499999, 0899999, 11999999, 1599999, 1899999, 2399999, 2699999, 3099999, 3399999, 3799999 and 4099999)						1,808,024						
4799999 - TOTAL (Sum of 2299999 and 4499999)						1,808,024						

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Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies
NONE

Sch. S, Pt. 4, Bank Footnote
NONE

Page 34, 35

Sch. S, Pt. 5, Reinsurance Ceded to Certified Reinsurers
NONE

Sch. S, Pt. 5, Bank Footnote
NONE

SCHEDULES S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums	1,808	2,211	2,036	2,019	2,154
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	150	334	311	712	619
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers		XXX	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust		XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)		XXX	XXX	XXX	XXX
19. Letters of credit (L)		XXX	XXX	XXX	XXX
20. Trust agreements (T)		XXX	XXX	XXX	XXX
21. Other (O)		XXX	XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 12)	64,547,560		64,547,560
2. Accident and health premiums due and unpaid (Line 15)	2,847,056		2,847,056
3. Amounts recoverable from reinsurers (Line 16.1)	150,497		150,497
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	12,500,629		12,500,629
6. Total assets (Line 28)	80,045,742		80,045,742
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	18,433,979		18,433,979
8. Accrued medical incentive pool and bonus payments (Line 2)	4,650,786		4,650,786
9. Premiums received in advance (Line 8)	1,016,433		1,016,433
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	3,120,310		3,120,310
15. Total liabilities (Line 24)	27,221,508		27,221,508
16. Total capital and surplus (Line 33)	52,824,235	X X X	52,824,235
17. Total liabilities, capital and surplus (Line 34)	80,045,743		80,045,743
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. Total ceded reinsurance recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized insurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. Total ceded reinsurance payables/offsets			
31. Total net credit for ceded reinsurance			

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Sch. T, Part 2, Interstate Compact

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U. S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity (ies) / Person (s)	*
			38-1490180				CARSON CITY HOSPITAL	MI.	NIA.	SPARROW HEALTH SYSTEM	Influence		SPARROW HEALTH SYSTEM	
			38-3218134				SPARROW IONIA HOSPITAL	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-6100687				SPARROW FOUNDATION	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-2594856				PHYSICIANS HEALTH NETWORK	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-2543305				SPARROW COMMUNITY CARE	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			14-1885340				SPARROW SPECIALTY HOSPITAL	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-1358172				SPARROW CLINTON HOSPITAL	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-1360584				EW SPARROW HOSPITAL ASSOCIATION	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-2595963				SPARROW DEVELOPMENT, INC	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
			38-3075242				SPARROW CLINICAL RESEARCH INSTITUTE	MI.	NIA.	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
3408	PHYSICIANS HEALTH PLAN	95849	38-2356288				PHYSICIANS HEALTH PLAN	MI.	IA	SPARROW HEALTH SYSTEM	Ownership	100.000	SPARROW HEALTH SYSTEM	
3408	PHYSICIANS HEALTH PLAN	11537	36-4497604				PHP FAMILYCARE	MI.	IA	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	
3408	PHYSICIANS HEALTH PLAN	12816	20-5565219				PHP INSURANCE COMPANY	MI.	IA	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	
	PHYSICIANS HEALTH PLAN		38-3344741				PHP SERVICE COMPANY	MI.	NIA.	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	
	PHYSICIANS HEALTH PLAN		38-3361367				PHP SHARED SERVICES, LLC	MI.	NIA.	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	

Asterisk	Explanation
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NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	38-2594856	Physicians Health Network					181,835,369				181,835,369	
95849	38-2356288	Physicians Health Plan					(147,085,122)				(147,085,122)	
11537	36-4497604	PHP FamilyCare					(40,925,886)				(40,925,886)	
	38-3344741	PHP Service Company					(1,100,553)				(1,100,553)	
12816	20-5565219	PHP Insurance Company					(2,587,510)				(2,587,510)	
	38-1360584	Sparrow Health System					9,863,702				9,863,702	
9999999	- CONTROL TOTALS											

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....
.....
.....
.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	RESPONSE
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 460:		
2. Will an actuarial opinion be filed by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 440:		
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 390:		
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 390:		
APRIL FILING		
5. Will Management's Discussion and Analysis be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 350:		
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 285:		
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 210:		
JUNE FILING		
8. Will an audited financial report be filed by June 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 220:		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

JUNE FILING	RESPONSE
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 221:	

AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 222:	

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
EXPLANATION:	
BARCODE:	
Document Identifier 360:	



12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	

BARCODE:	9 5 8 4 9 2 0 1 2 2 0 5 0 0 0 0 0
Document Identifier 205:	



13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
EXPLANATION:	

BARCODE:	9 5 8 4 9 2 0 1 2 2 0 7 0 0 0 0 0
Document Identifier 207:	



14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
EXPLANATION:	

BARCODE:
Document Identifier 420:

15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	

BARCODE:	9 5 8 4 9 2 0 1 2 3 7 1 0 0 0 0 0
Document Identifier 371:	



16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
EXPLANATION:	

BARCODE:	9 5 8 4 9 2 0 1 2 3 7 0 0 0 0 0 0
Document Identifier 370:	



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

MARCH FILING		RESPONSE
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 365:		
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 224:		
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 225:		
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?		NO
EXPLANATION:		
BARCODE: Document Identifier 226:		
APRIL FILING		
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 306:		
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?		NO
EXPLANATION:		
BARCODE: Document Identifier 211:		
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?		NO
EXPLANATION:		
BARCODE: Document Identifier 213:		
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?		YES
EXPLANATION:		
BARCODE: Document Identifier 216:		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing . However , in the event that your company does not transact the type of business for which the special report must be filed , your response of NO to the specific interrogatory will be accepted in lieu of filing a NONE report and a bar code will be printed below . If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions .

APRIL FILING	RESPONSE
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 217:	

AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 223:	



SUPPLEMENT FOR THE YEAR 2012 OF THE PHYSICIANS HEALTH PLAN

MEDICARE PART D COVERAGE SUPPLEMENT
Net of Reinsurance
(To be Filed by March 1)

	1	2	3	4	5
	Individual Coverage		Group Coverage		Total
	Insured	Uninsured	Insured	Uninsured	Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage				XXX	
7.12 Without Reinsurance Coverage				XXX	
7.2 Supplemental Benefits				XXX	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage				XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net To Reimbursements Applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied - change	XXX		XXX		
12.3 Reimbursements Receivable - change	XXX		XXX		XXX
12.4 Healthcare Receivables - change	XXX		XXX		XXX
13. Aggregate Policy Reserves - change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	

NONE

Health

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